

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
MAY 30 2013
Bayfield Co. Zoning Dept.

Permit #: 13-013
Date: 6-3-13
Amount Paid: \$75
Refund: 5-31-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Steve & Debbie Tomczak</u>	Mailing Address: <u>7833 30th Ave</u>	City/State/Zip: <u>Kenosha, WI 53142</u>	Telephone: <u>694-0317</u>
Address of Property: <u>47515 Sibbald Lane</u>	City/State/Zip: <u>Cable, WI 54821</u>	City/State/Zip: <u>Kenosha, WI 53142</u>	Cell Phone: <u>262 496-9814</u>
Contractor: <u>Self</u>	Contractor Phone: <u></u>	Plumber: <u></u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION <u>1/4, S 200' 1/4</u>	Legal Description: (Use Tax Statement) <u>9+10</u>	PIN: (23 digits) <u>04-021-2-44-06-26-2 05-00-40000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>773</u> Page(s) <u>102</u>
Section <u>26</u> , Township <u>44</u> N, Range <u>6</u> W	Gov't Lot <u>9+10</u>	CSM <u></u>	Vol & Page <u></u>
	Lot(s) <u></u>	CSM <u></u>	Vol & Page <u></u>
	Lot(s) <u></u>	Block(s) No. <u></u>	Subdivision: <u></u>
			Lot Size <u></u>
			Acres <u>2.0 + 15.8</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet

Value at Time of Completion * include donated time & material <u>\$ 15,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists)	Specify Type: <u>Coupled</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (If permit being applied for is relevant to it)	Length: <u>32'</u>	Width: <u>24'</u>	Height: <u>16'</u>
Proposed Construction:	Length: <u>32'</u>	Width: <u>24'</u>	Height: <u>16'</u>

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)			
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		()	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with Loft		()	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with a Porch		()	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with (2 nd) Porch		()	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with a Deck		()	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with (2 nd) Deck		()	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with Attached Garage		()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Mobile Home (manufactured dte)		()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify)		()	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>garage</u>		(24' x 32')	768
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)		()	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)		()	
JUN 03 2013	<input type="checkbox"/>	Conditional Use: (explain)		()	
Secretarial Staff	<input type="checkbox"/>	Other: (explain)		()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Steve Tomczak Debbie Tomczak
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-30-13

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____ Attach

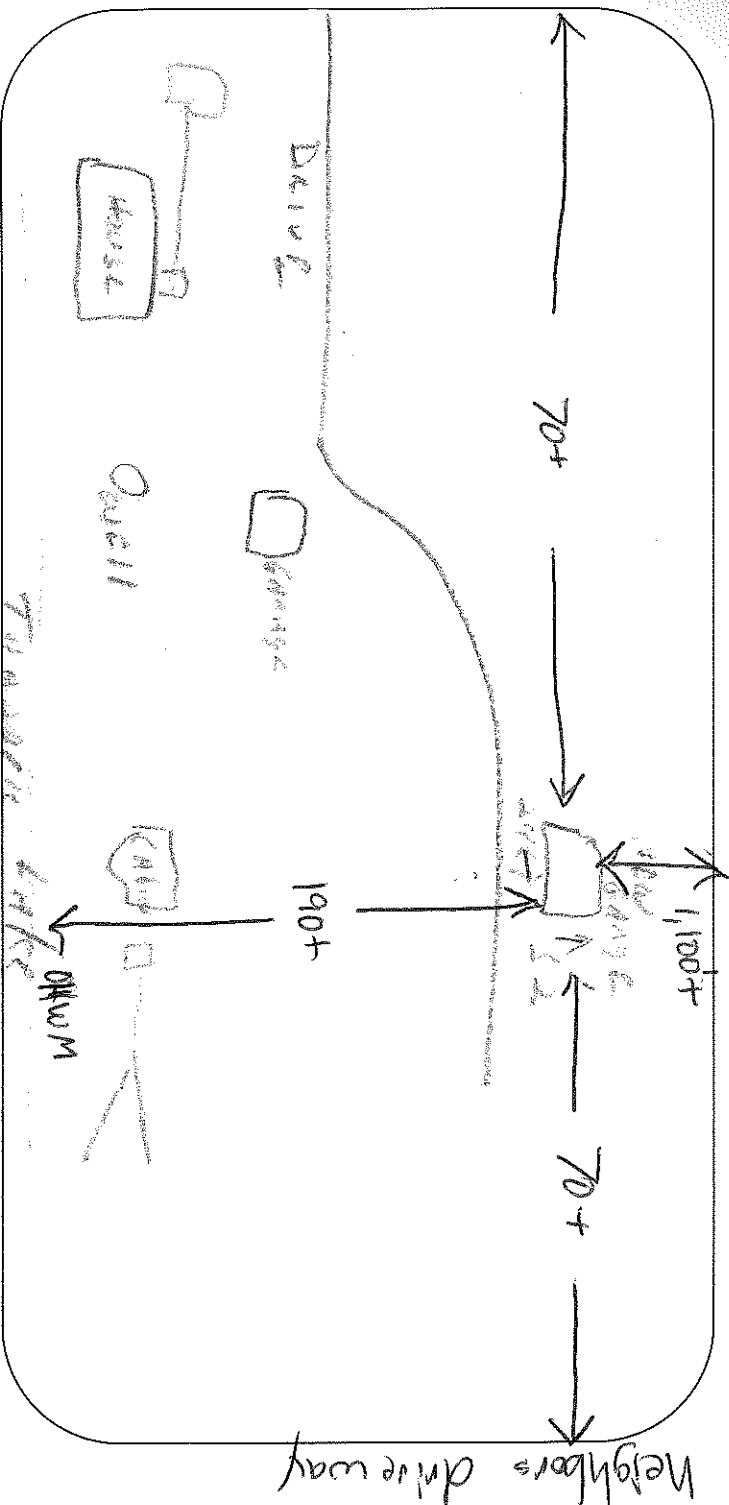
Address to send permit 7833 30th Ave, Kenosha, WI 53142

Copy of Tax Statement ☒ If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- | | Proposed Construction |
|---------------------------|--|
| (1) Show / Location of: | North (N) on Plot Plan |
| (2) Show / Indicate: | (*) <u>Driveway</u> and (*) <u>Frontage Road</u> (Name Frontage Road) |
| (3) Show Location of (*): | All Existing Structures on your Property |
| (4) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show: | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (6) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |
| (7) Show any (*): | Co Hwy D |



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	11.00+	Setback from the Lake (ordinary high-water mark)	190+
Setback from the Established Right-of-Way	11.050+	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	70+	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	70+	Setback from Wetland	
Setback from the West Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	N/A	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	100+	Setback to Well	100+
Setback to Drain Field	100+		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a certified compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W):**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number		# of Bedrooms:		Sanitary Date:			
Permit Denied (Date):		Reason for Denial:							
Permit #: <u>13-0113</u>		Permit Date: <u>6-3-13</u>							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Used/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:			
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District		R-1, R-2		Lakes Classification		(2)	
Date of Inspection: <u>5-30-13</u>		Inspected by: <u>MM. Futak</u>		Date of Re-Inspection:					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) <u>May not be used for human habitation. No water under pressure in structure.</u>									
Signature of Inspector: <u>Michael Futak</u>		Date of Approval: <u>5-31-13</u>							
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____	